

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ROMNEY FOR PRESIDENT, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. JOANNE G. WILSON**

Mailing Address **27 E. BRIAR HOLLOW LANE**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77027-2919</b>
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RIVER OAKS FINANCIAL**

Occupation  
**DIRECTOR**

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**5000.00**

**Transaction ID : SA17.1648169**

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

**B. Full Name (Last, First, Middle Initial)**

**DR. JOHN WILSON**

Mailing Address **1440 RIDGEMERE LN**

City <b>WINSTON SALEM</b>	State <b>NC</b>	Zip Code <b>27106-4483</b>
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WAKE FOREST UNIV SCHOOL OF  
MEDICINE**

Occupation  
**PHYSICIAN**

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.1524342**

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period

**500.00**

**C. Full Name (Last, First, Middle Initial)**

**MR. JOHN WILSON**

Mailing Address **9855 NW 27 TERRACE**

City <b>DORAL</b>	State <b>FL</b>	Zip Code <b>33172-1313</b>
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**600.00**

**Transaction ID : SA17.1457740**

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

**Subtotal Of Receipts This Page (optional)**.....

**3250.00**

**Total This Period (last page this line number only)**.....